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To: U.S. Patent and Trademark Office**Facsimile: (703) 872-9306****From: Karen R. Zachow, Ph.D. – Reg. No. 46,332****Date: August 10, 2004**

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Comments:

ATTORNEY DOCKET: 273012012100
GROUP ART UNIT: 1614
EXAMINER: Z. Fay
SERIAL NO.: 10/072,215
FILING DATE: February 6, 2002
INVENTOR(S): H. Andrew STRONG et al.
TITLE: METHOD TO PREVENT VISION LOSS

Papers Attached:

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate for fee processing)
3. Petition for Extension of Time (1 page)
4. Notice of Appeal (1 page)

PTO/SB/21 (02-04)


Approved for use through 07/31/2006. OMB 0851-0031

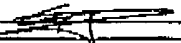
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/072,215
		Filing Date	February 6, 2002
		First Named Inventor	H. Andrew STRONG
		Art Unit	1614
		Examiner Name	Z. Fay
Total Number of Pages in This Submission	6	Attorney Docket Number	273012012100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax coversheet (1 page)
Remarks Customer No. 25225		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Karen Zachow, Ph.D. - 46,332
Signature	
Date	August 10, 2004

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile at (703) 872-8306, on the date shown below.	
Dated: August 10, 2004	Signature:  (Grace Yu)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

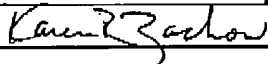
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		330.00	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																												
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Karen Zachow, Ph.D.	Registration No. (Attorney/Agent)	46,332
Signature		Telephone	(858) 720-5191
		Date	August 10, 2004

sd-213928

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0551-0032
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1002	340	2002	170	Design filing fee																																																																																																																																																																																																																																																																																																						
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1005	160	2005	80	Provisional filing fee																																																																																																																																																																																																																																																																																																						
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1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																																																																																																																																						
1201	96	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																																																																																						
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																																																																						
1204	88	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																																																																																						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																																						
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Total Claims: <input type="text"/> = <input type="text"/> Independent Claims: <input type="text"/> = <input type="text"/> Multiple Dependent: <input type="text"/> = <input type="text"/> **or number previously paid, if greater. For Reissues, see above.		Extra Claims: <input type="text"/> x <input type="text"/> = <input type="text"/> Fee from below: <input type="text"/> x <input type="text"/> = <input type="text"/> Fee Paid: <input type="text"/>																																																																																																																																																																																																																																																																																																								
SUBMITTED BY Name (Print/Type): Karen Zachow, Ph.D. Signature: <i>Karen Zachow</i>		(Complete if applicable) Registration No. (Attorney/Agent): 46,332 Telephone: (858) 720-5191 Date: August 10, 2004																																																																																																																																																																																																																																																																																																								

**Duplicate Copy
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PTO/SB/31 (09-03)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 273012012100	
In re Application of H. Andrew STRONG et al.			
Application Number 10/072,215		Filed February 6, 2002	
For METHOD TO PREVENT VISION LOSS			
Art Unit 1614		Examiner Z. Fay	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.


I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration number 46,332

☐ attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____


 Signature
 Karen Zachow, Ph.D.
 Typed or printed name
 (858) 720-5191
 Telephone number
 August 10, 2004
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile at (703) 872-9306, on the date shown below.

Dated: August 10, 2004

Signature:  (Grace Yu)